



SPILL OR RELEASE REPORT

NOTE: Some regulations require a specific form to use and procedures to follow when reporting a release. Those forms and procedures **MUST** be used and followed if reporting under those regulations. This report form is to aid persons reporting releases under regulations that do not require a specific form. This report form is not required to be used. **To report a release, some regulations require a facility to call the PEAS Hotline at 800-292-4706, or DEQ District Office that oversees the county where it occurred, and other regulating agencies and provide the following information. A follow-up written report may be required. Keep a copy of this report as documentation that the release was reported. If you prefer to submit this report electronically by FAX or e-mail, contact the regulating agency for the correct telephone number or e-mail address. See the DEQ website on [Spill/Release Reporting](#) for more reporting information.**

Please print or type all information.

NAME AND TITLE OF PERSON SUBMITTING WRITTEN REPORT			TELEPHONE NUMBER (provide area code)		
NAME OF BUSINESS			RELEASE LOCATION (provide address if different than business, if known, and give directions to the spill location. Include nearest highway, town, road intersection, etc.) _____ _____		
STREET ADDRESS					
CITY	STATE	ZIP CODE			
BUSINESS TELEPHONE NUMBER (provide area code)					
SITE IDENTIFICATION NUMBER AND OTHER IDENTIFYING NUMBERS (if applicable)			COUNTY	TOWNSHIP	TIER/RANGE/SECTION (if known)
RELEASE DATA. Complete all applicable categories. Check all the boxes that apply to the release. Provide the best available information regarding the release and its impacts. Attach additional pages if necessary.					
DATE & TIME OF RELEASE (if known) ____/____/____ ____am/pm	DATE & TIME OF DISCOVERY ____/____/____ ____am/pm	DURATION OF RELEASE (if known) ____ days ____ hours ____ minutes	TYPE OF INCIDENT <input type="checkbox"/> Explosion <input type="checkbox"/> Fire <input type="checkbox"/> Leaking container <input type="checkbox"/> Loading/unloading release <input type="checkbox"/> Pipe/valve leak or rupture <input type="checkbox"/> Vehicle accident <input type="checkbox"/> Other _____		
MATERIAL RELEASED (Chemical or trade name) <input type="checkbox"/> CHECK HERE IF ADDITIONAL MATERIALS LISTED ON ATTACHED PAGE. _____ _____		CAS NUMBER or HAZARDOUS WASTE CODE _____	ESTIMATED QUANTITY RELEASED (indicate unit e.g. lbs, gals, cu ft or yds) _____	PHYSICAL STATE RELEASED (indicate if solid, liquid, or gas) _____	
FACTORS CONTRIBUTING TO RELEASE <input type="checkbox"/> Equipment failure <input type="checkbox"/> Operator error <input type="checkbox"/> Faulty process design <input type="checkbox"/> Training deficiencies <input type="checkbox"/> Unusual weather conditions <input type="checkbox"/> Other _____			SOURCE OF LOSS <input type="checkbox"/> Container <input type="checkbox"/> Railroad car <input type="checkbox"/> Pipeline <input type="checkbox"/> Ship <input type="checkbox"/> Tank <input type="checkbox"/> Tanker <input type="checkbox"/> Truck <input type="checkbox"/> Other _____		
TYPE OF MATERIAL RELEASED <input type="checkbox"/> Agricultural: manure, pesticide, fertilizer <input type="checkbox"/> Chemicals <input type="checkbox"/> Flammable or combustible liquid <input type="checkbox"/> Hazardous waste <input type="checkbox"/> Liquid industrial waste <input type="checkbox"/> Oil/petroleum products or waste <input type="checkbox"/> Salt <input type="checkbox"/> Sewage <input type="checkbox"/> Other _____ <input type="checkbox"/> Unknown	MATERIAL LISTED ON or DEFINED BY <input type="checkbox"/> CAA Section 112(r) list (40 CFR Part 68) <input type="checkbox"/> CERCLA Table 302.4 (40 CFR Part 302) <input type="checkbox"/> EPCRA Extremely Hazardous Substance (40 CFR Part 355) <input type="checkbox"/> Michigan Critical Materials Register or permit <input type="checkbox"/> NREPA Part 31, Part 5 Rules polluting material <input type="checkbox"/> NREPA Part 111 or RCRA hazardous waste <input type="checkbox"/> NREPA Part 121 liquid industrial waste <input type="checkbox"/> Other list _____ <input type="checkbox"/> Unknown		IMMEDIATE ACTIONS TAKEN <input type="checkbox"/> Containment <input type="checkbox"/> Dilution <input type="checkbox"/> Evacuation <input type="checkbox"/> Hazard removal <input type="checkbox"/> Neutralization <input type="checkbox"/> System shut down <input type="checkbox"/> Diversion of release to treatment <input type="checkbox"/> Decontamination of persons or equipment <input type="checkbox"/> Monitoring <input type="checkbox"/> Other _____		
RELEASE REACHED <input type="checkbox"/> Surface waters (include name of river, lake, drain involved) _____ Distance from spill location to surface water, in feet _____ <input type="checkbox"/> Drain connected to sanitary sewer (include name of wastewater treatment plant and/or street drain, if known) _____ <input type="checkbox"/> Drain connected to storm sewer (include name of drain or water body it discharges into, if known) _____ <input type="checkbox"/> Groundwater (indicate if it is a known or suspected drinking water source and include name of aquifer, if known) _____ <input type="checkbox"/> Soils (include type e.g. clay, sand, loam, etc.) _____ <input type="checkbox"/> Ambient Air <input type="checkbox"/> Spill contained on impervious surface					

EXTENT OF INJURIES, IF ANY <hr/>	WAS ANYONE HOSPITALIZED? <input type="checkbox"/> Yes NUMBER _____ HOSPITALIZED: _____ <input type="checkbox"/> No	TOTAL NUMBER OF INJURIES TREATED ON-SITE: <hr/>
DESCRIBE THE INCIDENT, THE TYPE OF EQUIPMENT INVOLVED IN THE RELEASE, HOW THE VOLUME OF LOSS WAS DETERMINED, ALONG WITH ANY RESULTING ENVIRONMENTAL DAMAGE CAUSED BY THE RELEASE. IDENTIFY WHO IMMEDIATELY RESPONDED TO THE INCIDENT (own employees or contractor — include cleanup company name, contact person, and telephone number). ALSO IDENTIFY WHO DID FURTHER CLEANUP ACTIVITIES, IF PERFORMED OR KNOWN WHEN REPORT SUBMITTED <input type="checkbox"/> CHECK HERE IF DESCRIPTION OR ADDITIONAL COMMENTS ARE INCLUDED ON ATTACHED PAGE <hr/> <hr/> <hr/> <hr/> <hr/>		
ESTIMATED QUANTITY OF ANY RECOVERED MATERIALS AND A DESCRIPTION OF HOW THOSE MATERIALS WERE MANAGED (include disposal method if applicable) <input type="checkbox"/> CHECK HERE IF DESCRIPTION OR ADDITIONAL COMMENTS ARE INCLUDED ON ATTACHED PAGE <hr/> <hr/>		
ASSESSMENT OF ACTUAL OR POTENTIAL HAZARDS TO HUMAN HEALTH (include known acute or immediate and chronic or delayed effects, and where appropriate, advice regarding medical attention necessary for exposed individuals.) <input type="checkbox"/> CHECK HERE IF DESCRIPTION OR ADDITIONAL COMMENTS ARE INCLUDED ON ATTACHED PAGE <hr/> <hr/>		
MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY NOTIFIED: INITIAL CONTACT BY: <input type="checkbox"/> Telephone <input type="checkbox"/> Fax <input type="checkbox"/> Email <input type="checkbox"/> Other DATE/TIME INITIAL CONTACT: _____ <input type="checkbox"/> PEAS: 800-292-4706 Log Number Assigned _____ <input type="checkbox"/> DEQ District or Field Office Divisions or Offices Contacted: <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"> <input type="checkbox"/> Baraga <input type="checkbox"/> Bay City <input type="checkbox"/> Cadillac <input type="checkbox"/> Crystal Falls <input type="checkbox"/> Detroit <input type="checkbox"/> Gaylord <input type="checkbox"/> Grand Rapids </div> <div style="width: 33%;"> <input type="checkbox"/> Gwinn <input type="checkbox"/> Jackson <input type="checkbox"/> Kalamazoo <input type="checkbox"/> Lansing <input type="checkbox"/> Newberry <input type="checkbox"/> Warren <input type="checkbox"/> Wyoming </div> <div style="width: 33%;"> <input type="checkbox"/> Air Quality <input type="checkbox"/> Land & Water Management <input type="checkbox"/> Office Geological Survey <input type="checkbox"/> Remediation and Redevelopment <input type="checkbox"/> Waste and Hazardous Materials <input type="checkbox"/> Water Bureau </div> </div> <p style="font-size: small;">DEQ Office locations are subject to change</p> NAME AND TITLE OF PERSON MAKING INITIAL REPORT: <hr/> DEQ STAFF CONTACTED & PHONE NUMBER: <hr/> <hr/>	OTHER ENTITIES NOTIFIED: <div style="display: flex;"> <div style="flex: 1;"> <input type="checkbox"/> National Response Center (NRC): 800-424-8802 <input type="checkbox"/> US Coast Guard Office: <div style="display: flex; margin-left: 20px;"> <input type="checkbox"/> Detroit <input type="checkbox"/> Grand Haven <input type="checkbox"/> Sault Ste. Marie </div> <input type="checkbox"/> US Department of Transportation <input type="checkbox"/> US Environmental Protection Agency <input type="checkbox"/> 911 (or primary public safety answering point) <input type="checkbox"/> Local Fire Department <input type="checkbox"/> Local Police and/or State Police <input type="checkbox"/> Local Emergency Planning Committee <input type="checkbox"/> State Emergency Response Commission via MI SARA Title III Program <input type="checkbox"/> Wastewater Treatment Plant Authority <input type="checkbox"/> Hazmat Team <input type="checkbox"/> Local Health Department <input type="checkbox"/> Department of Labor & Economic Growth MIOSHA <input type="checkbox"/> Department of Labor & Economic Growth Fire Safety <input type="checkbox"/> Michigan Department of Agriculture: 800-405-0101 <input type="checkbox"/> Other _____ </div> <div style="flex: 0.5; text-align: center;"> Date: <hr/> </div> <div style="flex: 0.5; text-align: center;"> Time: <hr/> </div> </div>	
DATE WRITTEN REPORT SUBMITTED	SIGNATURE OF PERSON SUBMITTING WRITTEN REPORT	